


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90011 016 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # L18944

1. Corporation Name
VIVRA NETWORK SERVICES, INC.



| | |
|--|--|
| Principal Place of Business 1850 GATEWAY DRIVE, SUITE 500 SAN MATEO CA 94404 US | Mailing Address 1850 GATEWAY DRIVE, SUITE 500 SAN MATEO CA 94404 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|------------------------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/26/1989 | |
| 21 | 26 | 4. FEI Number 65-0152253 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

~~C-F CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND RD.~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent

81 Name **NRAI Services, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
 83
 84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE *Charles Baclet, V.P.* **CHARLES BACLET, V.P.** July 7, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | THIRY, KENT J |
| STREET ADDRESS | 1850 GATEWAY DRIVE, SUITE 500 |
| CITY-ST-ZIP | SAN MATEO CA 94404 |
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | HODGES, WILLIAM |
| STREET ADDRESS | 1850 GATEWAY DRIVE, SUITE 500 |
| CITY-ST-ZIP | SAN MATEO CA 94404 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ZUMWALT, LEANNE M |
| STREET ADDRESS | 1850 GATEWAY DRIVE, SUITE 500 |
| CITY-ST-ZIP | SAN MATEO CA 94404 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | OTT, CHARLES W |
| STREET ADDRESS | 1850 GATEWAY DRIVE, SUITE 500 |
| CITY-ST-ZIP | SAN MATEO CA 94404 |
| TITLE | T <input checked="" type="checkbox"/> DELETE |
| NAME | TUMBARELLO, STEVE |
| STREET ADDRESS | 1850 GATEWAY DRIVE, SUITE 500 |
| CITY-ST-ZIP | SAN MATEO CA 94404 |
| TITLE | V <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, RHONDA |
| STREET ADDRESS | 1850 GATEWAY DRIVE, SUITE 500 |
| CITY-ST-ZIP | SAN MATEO CA 94404 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Treasurer |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leanne Zumwalt* **7/1/99** (650) 577-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (5/99)



1850 GATEWAY DRIVE
SUITE 500
SAN MATEO
CALIFORNIA 94404

TEL (650) 577-5700
FAX (650) 345-7710

July 14, 1999

Annual Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the 1999 Annual Report for Vivra Network Services, Inc. Also enclosed is a check for \$150.00 representing the filing fee for the report. We did not receive the first notice, therefore, the additional penalties have not been included on the directive of a representative of the Florida Division of Corporations.

If you have any questions concerning the enclosed documents please contact the undersigned at (650) 577-5510. Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Mullins".

Patrick Mullins
Corporate Legal Administrator

L18944
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